

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Home Infusion Therapy Providers  
Parenteral Nutrition Therapy Providers  
Managed Care Organizations

**Memorandum No: 06-08**  
**Issued:** February 23, 2006

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact Provider:**  
**Relations at:**  
<http://maa.dshs.wa.gov/ProvRel/Index.html>  
800.562.3022

**Supersedes:** # Memo 05-126

**Subject: Home Infusion Therapy/Parenteral Nutrition Program: Fee Schedule Correction.**

**Retroactive to dates of service on and after January 1, 2006, HRSA has corrected the fee published for HCPCS\* code B4185.**

### **Fee Schedule Correction**

The corrected fee for HCPCS code B4185 is \$10.89 per billing unit.

**Note:** HCPCS code B4185 replaced HCPCS codes B4184 and B4186 effective January 1, 2006.

### **Billing Instructions Replacement Pages**

Attached are replacement pages E.1 – E.10 for HRSA's current *Home Infusion Therapy/Parenteral Nutrition Program Billing Instructions*. HRSA is including the entire Fee Schedule at this time due to reformatting and repagination.

### **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

\* HCPCS stands for Healthcare Common Procedure Coding System.

## How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov> (Orders filled daily.)
  - a) Click ***General Store***.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either ***I'm New*** or ***Been Here***.
    - ii. If new, fill out the registration and click ***Register***.
    - iii. If returning, type your email and password and then click ***Login***.
  - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
  - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

# Fee Schedule

---

## Equipment/Supply Limitations

[Refer to WAC 388-553-500(1)(2)(3)(4)(5)(6)]

The home infusion therapy/parenteral nutrition program covers the following equipment and supplies for eligible clients, subject to the limitations and restrictions listed below:

- Home infusion supplies, limited to one month's supply per client, per calendar month.
- Parenteral nutrition (solutions), limited to one month's supply per client, per calendar month;
- Covered rental of pumps is limited to one type of infusion pump, one type of parenteral pump, and/or one type of insulin pump per client, per calendar month and as follows:
  - ✓ All rent-to-purchase infusion parenteral and/or insulin pumps must be new equipment at the beginning of the rental period;
  - ✓ MAA covers the rental payment for each type of infusion, parenteral, or insulin pump for up to 12 months. (MAA considers a pump purchased after 12 months of rental payment.);
  - ✓ MAA covers only one purchased infusion or parenteral pump, per client in a five-year period;
  - ✓ MAA covers only one purchased insulin pump, per client in a four-year period.

**Covered supplies and equipment that are within the described limitations listed above do not require prior authorization for payment. Requests for supplies and/or equipment that exceed the limitations or restrictions listed in this section require prior authorization and are evaluated on an individual basis.**

The following are considered included in MAA's payment for equipment rentals or purchases:

- Instructions to a client or a caregiver, or both, on the safe and proper use of equipment provided;
- Full service warranty;
- Delivery and pick-up; and
- Set-up, fitting, and adjustments.

**The following pages show the fee schedule for MAA's Home Infusion Therapy/ Parenteral Nutrition program.**

## Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
----------------	-------------	-----------------	----------------------

### Infusion Therapy Equipment and Supplies

<ul style="list-style-type: none"> <li>Reimbursement is limited to a one-month's supply.</li> </ul>			
A4220	<b>Refill kit for implantable infusion pump.</b> Limited to 1 kit, per client, per month.	Y	\$25.25
A4221	<b>Supplies for maintenance of drug infusion catheter, per week;</b> (List drug(s) separately) (includes dressings for the catheter site and flush solutions not directly related to drug infusion). The catheter site may be a peripheral intravenous line, a peripherally inserted central catheter (PICC), a centrally inserted intravenous line with either an external or subcutaneous port, or an epidural catheter.  Procedure code A4221 also includes all cannulas, needles, dressings, and infusion supplies (excluding the insulin reservoir) related to continuous subcutaneous insulin infusion via external insulin infusion pump (E0784). <b>1 unit = 1 week</b>	Y	22.26
A4222	<b>Supplies for external drug infusion pump, per cassette or bag</b> (List drug(s) separately).  Procedure code A4222 includes the cassette or bag, diluting solutions, tubing, and other administration supplies, port cap changes, compounding charges and preparation charges.	Y	44.17

### Antiseptics & Germicides

<ul style="list-style-type: none"> <li>Reimbursement is limited to a one-month's supply.</li> </ul>			
A4244	Alcohol or peroxide, per pint. 1 pint per client, per 6 months. Not allowed in combination with A4245.	Y	\$1.06
A4245	Alcohol wipes, per box. 1 box per client, per month. Not allowed in combination with A4244.	Y	2.33
A4246	Betadine or PhisoHex solution, per pint. 1 pint per client, per month. Not allowed in combination with A4247.	Y	2.97
A4247	Betadine or iodine swabs/wipes, per box of 100. 1 box per client, per month. Not allowed in combination with A4246.	Y	4.72
E1399	Disinfectant spray, 12 oz. 1 per client, per 6 months. <b>Must bill using EPA code 870000869. See page D.2 for expedited prior authorization instructions.</b>	Y	5.39

## Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
----------------	-------------	-----------------	----------------------

### Intravenous (IV) Poles

<ul style="list-style-type: none"> <li>• IV poles are purchased once per client, per lifetime.</li> <li>• Purchased IV poles may not be plastic or disposable.</li> <li>• Infusion pumps are considered purchased after 12 months' rental.</li> <li>• Modifier is required when billing.</li> </ul>			
E0776-NU	IV pole. <b>Purchase.</b>	Y	\$99.49
E0776-RR	IV pole. <b>Rental per month.</b> <b>1 unit = 1 month</b>	Y	9.94

### Infusion Pumps

<ul style="list-style-type: none"> <li>• Bill only one type of infusion pump code, per month.</li> <li>• MAA does not reimburse for a rental and a purchase of the same item simultaneously per client.</li> <li>• Infusion pumps are considered purchased after 12 months' rental.</li> <li>• Rent-to-purchase infusion pumps must be new equipment at beginning of rental period.</li> <li>• Modifier is required when billing.</li> <li>• Bill daily rate if rental is less than one month.</li> <li>• Purchase is limited to one pump, per client, per five years.</li> </ul>			
E0779 - NU	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater. <b>Purchase.</b>	N	\$167.30
E0779 - RR	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater. <b>Rental per month.</b>	N	16.73
E0780 - NU	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours. <b>Purchase.</b>	N	10.37
E0781 - NU	Ambulatory infusion pump, single or multiple channel, electric or battery operated, with administrative equipment, worn by patient. <b>Purchase.</b>	N	2648.70
E0781 - RR	Ambulatory infusion pump, single or multiple channel, electric or battery operated, with administrative equipment, worn by patient. <b>Rental per month.</b>	N	264.87
E0791 - NU	Parenteral infusion pump, stationary, single or multi-channel. <b>Purchase.</b>	N	3162.00
E0791 - RR	Parenteral infusion pump, stationary, single or multi-channel. <b>Rental per month.</b>	N	316.20

## Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
----------------	-------------	-----------------	----------------------

### Intravenous (IV) Poles

<ul style="list-style-type: none"> <li>• IV poles are purchased once per client, per lifetime.</li> <li>• Purchased IV poles may not be plastic or disposable.</li> <li>• IV poles are considered purchased after 12 months' rental.</li> <li>• Modifier is required when billing.</li> </ul>			
E0776-NU	IV pole. <b>Purchase.</b>	Y	\$99.49
E0776-RR	IV pole. <b>Rental per month.</b> <b>1 unit = 1 month</b>	Y	9.94

### Infusion Pumps

<ul style="list-style-type: none"> <li>• Bill only one type of infusion pump code, per month.</li> <li>• HRSA does not reimburse for a rental and a purchase of the same item simultaneously per client.</li> <li>• Infusion pumps are considered purchased after 12 months' rental.</li> <li>• Rent-to-purchase infusion pumps must be new equipment at beginning of rental period.</li> <li>• Modifier is required when billing.</li> <li>• Bill daily rate if rental is less than one month.</li> <li>• Purchase is limited to one pump, per client, per five years.</li> </ul>			
E0779 - NU	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater. <b>Purchase.</b>	N	\$167.30
E0779 - RR	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater. <b>Rental per month.</b>	N	16.73
E0780 - NU	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours. <b>Purchase.</b>	N	10.37
E0781 - NU	Ambulatory infusion pump, single or multiple channel, electric or battery operated, with administrative equipment, worn by patient. <b>Purchase.</b>	N	2648.70
E0781 - RR	Ambulatory infusion pump, single or multiple channel, electric or battery operated, with administrative equipment, worn by patient. <b>Rental per month.</b>	N	264.87
E0791 - NU	Parenteral infusion pump, stationary, single or multi-channel. <b>Purchase.</b>	N	3162.00
E0791 - RR	Parenteral infusion pump, stationary, single or multi-channel. <b>Rental per month.</b>	N	316.20

## Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
----------------	-------------	-----------------	----------------------

### Parenteral Nutrition Infusion Pumps

<ul style="list-style-type: none"> <li>• MAA reimburses for only one type of parenteral nutrition pump, per month.</li> <li>• MAA does not reimburse for a rental and a purchase of the same item simultaneously per client.</li> <li>• Rent-to-purchase parenteral pumps must be new equipment at beginning of rental period.</li> <li>• Parenteral Nutrition pumps are considered purchased after 12 months' rental.</li> <li>• Modifier is required when billing.</li> <li>• Purchase is limited to one pump, per client, per 5 years.</li> </ul>			
B9004 - NU	Parenteral nutrition infusion pump, portable. <b>Purchase.</b>	N	\$2260.39
B9004 - RR	Parenteral nutrition infusion pump, portable. <b>Rental per month. 1 unit = 1 month</b>	N	357.84
B9006 - NU	Parenteral nutrition infusion pump, stationary. <b>Purchase.</b>	N	2260.39
B9006 - RR	Parenteral nutrition infusion pump, stationary. <b>Rental per month. 1 unit = 1 month</b>	N	357.84

### Parenteral Nutrition Solutions

When using half units of parenteral solutions, MAA will reimburse for 1 unit every other day, otherwise allowed once per day. In the event an odd number of days of therapy are delivered, you may round the last day of therapy to the closest unit. (Example: If you are delivering 250 ml of 50% dextrose for 21 consecutive days, you may bill for 11 units of parenteral solution.)

- Reimbursement is limited to a one-month's supply.

B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>	N	\$15.23
B4168	Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit) home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>	N	22.18
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit) – home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>	N	32.56
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit) – home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>	N	42.94
B4178	Parenteral nutrition solution; amino acid greater than 8.5% (500 ml = 1 unit) - home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>	N	51.55

## Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
----------------	-------------	-----------------	----------------------

### Parenteral Nutrition Solutions (cont.)

B4180	Parenteral nutrition solution; carbohydrates (dextrose) greater than 50% (500 ml = 1 unit) = home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>	N	\$21.83
B4185	Parenteral nutrition solution, per 10 grams, lipids <i>Effective 01/01/06</i>	N	\$10.89
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix.	N	159.24
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein – premix.	N	205.77
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix.	N	250.50
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein – premix.	N	286.25
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) – home mix, per day. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>	N	6.92
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – amirosyn RF, nephramine, renamine – premix.	N	10.65
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic – freamine HBC, hepatmine - premix.	N	4.16
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix.	N	3.86



## Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
----------------	-------------	-----------------	----------------------

### Parenteral Nutrition Supplies

<ul style="list-style-type: none"> <li>• <b>Parenteral Nutrition Kits are considered “all-inclusive” items necessary to administer therapy.</b></li> <li>• <b>Reimbursement is limited to a one-month’s supply.</b></li> </ul>			
B4220	Parenteral nutrition supply kit; premix, <b>per day.</b> <b>1 unit = 1 day</b>	N	\$7.17
B4222	Parenteral nutrition supply kit; home mix, <b>per day.</b> <b>1 unit = 1 day.</b>	N	8.84
B4224	Parenteral nutrition administration kit, per day. <b>1 unit = 1 day. Not allowed in combination with B4222.</b>	N	22.41

### Insulin Infusion Pumps

<ul style="list-style-type: none"> <li>• <b>Modifier is required when billing.</b></li> </ul>			
E0784 - NU	External ambulatory infusion pump, insulin, includes case. <b>1 per client, per 4 years. Purchase.</b>	N	\$4174.90
E0784 – RR	External ambulatory infusion pump, insulin. <b>Rental per month. 1 unit = 1 month.</b> Maximum of 12 months’ rental allowed.	N	417.49

### Insulin Infusion Supplies

<ul style="list-style-type: none"> <li>• <b>Reimbursement is limited to a one-month’s supply.</b></li> </ul>			
A4230	Infusion set for external insulin pump, non-needle cannula type. <b>2 boxes per client, per month. 1 unit = 1 box.</b>	N	\$206.69
A4231	Infusion set for external insulin pump, needle type. <b>2 boxes per client, per month. 1 unit = 1 box.</b>	N	137.78
A4232	Syringe with needle for external insulin pump, sterile, 3 cc. <b>1 box per client, per 1 month. 1 unit = 1 box.</b>	N	81.20
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt. 10 per client per 6 months.	N	1.10 each
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt. 10 per client per 6 months.	N	6.36 each
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt 9 per client per 3 months.	N	0.57 each
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt	N	6.09 each
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt	N	14.60 each

## Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
----------------	-------------	-----------------	----------------------

### Miscellaneous Infusion Supplies

<ul style="list-style-type: none"> <li>Reimbursement is limited to a one-month's supply.</li> </ul>			
A4927	Gloves, nonsterile, per box of 100. <b>1 unit = box of 100; Units exceeding 9 per month require prior authorization effective with dates of service on and after July 1, 2005.</b>	Y	\$ 6.55  <i>Effective for dates of service on and after 09/01/05</i>
A4930	Gloves, sterile, per pair.	Y	0.60  <i>Effective for dates of service on and after 09/01/05</i>
E1399	Sharps disposal container for home use, up to 1 gallon size; each. Maximum of 2 allowed per client per month. <b>Must bill using EPA code 870000855. See page D.2.</b>	Y	3.85
E1340	Repair or nonroutine service, for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. <b>Must submit invoice with claim.</b>	N	17.43
E1399	Equipment repair, parts. <b>Must bill using EPA code 870000857. See page D.2. Must submit invoice with claim.</b>	N	B.R.
E1399	10 quart chemotherapy waste container. 1 per client per week. <b>Must bill using EPA code 870000858. See page D.2.</b>	Y	7.18
B9999	No other code for parenteral supplies. <b>Requires prior authorization. SEE INSTRUCTIONS ON NEXT PAGE.</b>	N/A	B.R.

## Miscellaneous Parenteral Supply Procedure Code B9999

Miscellaneous procedure code B9999 requires prior authorization. In order to be reimbursed for B9999, you must **first** complete the attached DSHS 13-721 form and fax the form to MAA for review and approval. Keep a copy of your request in the client's file.

To download this form, go to: <http://www1.dshs.wa.gov/msa/forms/eforms.html>


**Do not submit claims using HCPCS code B9999 until you have received an authorization number from MAA indicating that your bill has been reviewed and approved.**

Include the following supporting documentation with your fax for approval:

- Agency name and provider number;
- Client PIC;
- Date of service;
- Name of primary piece of equipment and whether the equipment is rented or owned;
- Invoice;
- Prescription; and
- Explanation of client-specific medical necessity.

**Make copies of the attached form and mail/fax to:**

Medical Assistance Administration  
Home Infusion Therapy/Parenteral Nutrition Program  
PO Box 45506  
Olympia, WA 98504-5506  
FAX: (360) 586-1471

 **See Justification for Use of Miscellaneous Parenteral Supply Procedure Code (B9999) form [DSHS 13-721] on next page...**

**This page intentionally left blank.**